



2017 2018 ANNUAL REPORT

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California State Capitol Rotunda

MEDICAL BOARD OF CALIFORNIA

BOARD ROSTER

The Medical Board of California (Board) is comprised of fifteen members: eight physician members and five public members appointed by the Governor, one public member appointed by the Speaker of the Assembly, and one public member appointed by the Senate Rules Committee. The Board has six standing committees, five two-member task forces, two disciplinary panels, and a Midwifery Advisory Council, that assist with the work of the Board.

Denise Pines
President

Ronald H. Lewis, M.D.
Vice President

Michelle Anne Bholat, M.D.
Secretary

Dev GnanaDev, M.D.

Randy W. Hawkins, M.D.

Howard R. Krauss, M.D.

Kristina D. Lawson, J.D.

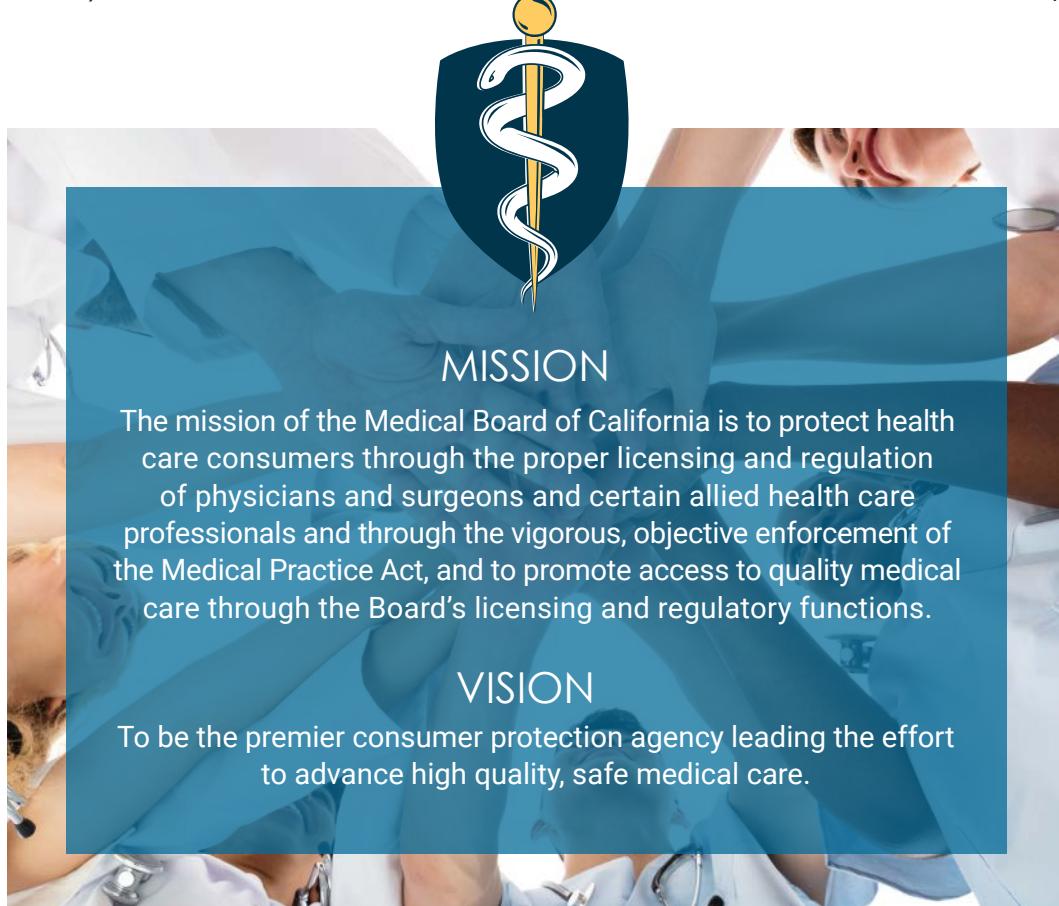
Sharon Levine, M.D.

Brenda Sutton-Wills, J.D.

David Warmoth

Jamie Wright, J.D.

Felix C. Yip, M.D.



MISSION

The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professionals and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.

VISION

To be the premier consumer protection agency leading the effort to advance high quality, safe medical care.

Edmund G. Brown, Jr.
Governor

Kimberly Kirchmeyer
Executive Director

Christine Lally
Deputy Director

EXECUTIVE SUMMARY

The Board was the first board within the Department of Consumer Affairs and is the consumer protection agency that licenses and regulates allopathic physicians and surgeons; licensed midwives; polysomnographic technologists, technicians, and trainees; and research psychoanalysts. The Board also approves accreditation agencies for the accreditation of outpatient surgery settings and issues fictitious name permits.

SUNSET REVIEW

The Board's mission of consumer protection was enhanced with the passage of [Senate Bill \(SB\) 798 \(Hill, Chapter 77\)](#), which extended the regulatory and administrative functions of the Board for four years. The bill gave the Board the authority to automatically revoke the licenses of physicians who are required to register as sex offenders; authorized the Board to issue penalties for failure to file certain mandatory reports; and increased current postgraduate training requirements for physician and surgeon applicants beginning in January 2020.

STRATEGIC PLAN

The Board completed its [Strategic Plan for 2018-2021](#), providing a road map to guide its efforts to protect California consumers for the next four years. Using feedback gathered from the public, the ambitious strategic plan establishes goals for licensing, enforcement, legislation and regulation, outreach, and Board administration that will strengthen consumer protection in California.

CANNABIS GUIDELINES

The Board also updated and expanded its [Guidelines for the Recommendation of Cannabis for Medical Purposes](#). The purpose of the guidelines is to provide guidance and information to physicians who choose to recommend cannabis for medical purposes to their patients. This update was done in collaboration with the Center for Medicinal Cannabis Research at the University of California, San Diego, and in accordance with [SB 643 \(McGuire, Chapter 719\)](#).

LICENSE ALERT MOBILE APP

The development of the Board's [License Alert Mobile App](#) for Apple iOS devices continued the Board's outreach efforts and enhanced transparency to consumers. Developed entirely by Board staff, the mobile app allows consumers to 'follow' the licenses of up to 16 physicians and receive notifications when there has been an update to any of those physician's license profile. The app sends alerts to users whenever a physician's name, address, practice status, license expiration, or survey data changes, or when disciplinary actions or enforcement documents are added to the physician's profile. With the release of this new mobile app, the Board became the first medical board in the nation to utilize such technology to notify patients about their physicians. To date **thousands** of consumers have downloaded the app. A version for Android smart phones is forthcoming.

it's
AS EASY AS



BRAND MODERNIZATION

The Board modernized the look and feel of its publications with the design of a new seal and logo. The new design replaced the caduceus, a short staff entwined by two serpents under a set of wings, with the Rod of Asclepius, which traditionally represents healing and medicinal arts.



Old



New

MEDICAL BOARD CHAT

The Board launched its first podcast titled “[Medical Board Chat](#),” becoming the first licensing board under the Department of Consumer Affairs to use this form of outreach. The podcast offers a new and innovative way to bring information about the Board to the public. The Board plans to produce one podcast per month covering a wide variety of topics of interest to licensees and consumers.

Medical Board Chat

Episode 1 - Medical Board Death Certificate Project
With Guest Kimberly Kirchmeyer, Executive Director

Episode 2 - Medical Board of California Releases Mobile App for Apple iOS Devices
With Guest Sean Eichelkraut, Information Systems Manager

SOCIAL MEDIA EXPANSION

The Board developed a new communications plan expanding its outreach to consumers through multiple social media platforms including [Facebook](#), [Twitter](#), and [YouTube](#). As part of this plan, the Board began posting administrative actions on its Twitter and Facebook feeds, and has significantly increased the amount of posts on all social media channels. With these combined efforts, the Board had nearly **2,000,000** unique visits to its website, www.mbc.ca.gov.

Year in Review*



8,031

Applications Received



6,694

Licenses Issued



70,297

Licenses Renewed



10,888

Complaints Received

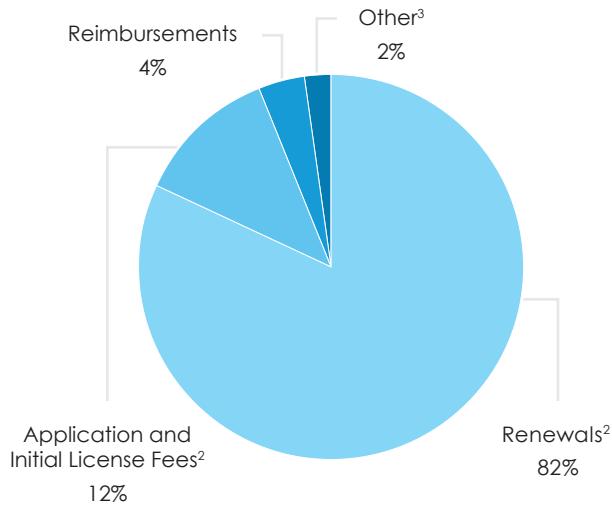
*Physicians and Surgeons

BUDGET SUMMARY

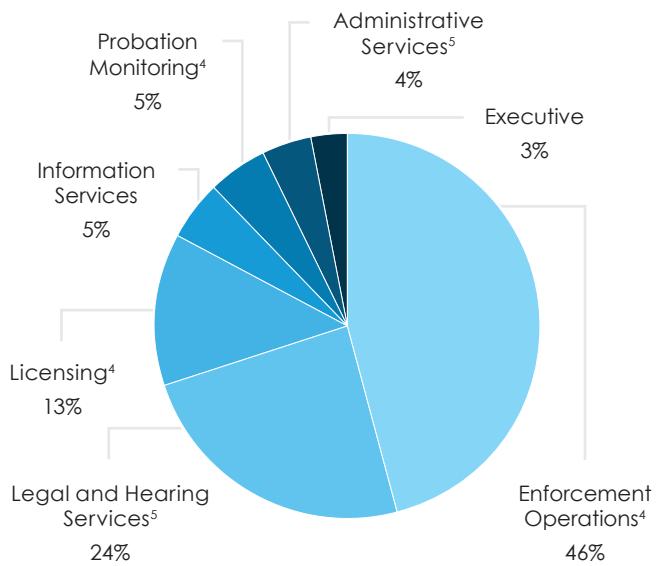
Physicians' renewal fees are the primary source of revenue for the Board, as illustrated below in the revenues and reimbursements chart. The budget distribution chart reflects the budgeted (not actual) expenditures in each of the Board's programs.

The Enforcement Program accounts for **75** percent of the Board's overall expenditures. Although the Board cannot order cost recovery for the investigation and prosecution of a case, the Board can order probation monitoring costs be reimbursed. The Licensing Program accounts for **13** percent of the Board's expenditures, while the Executive and Administrative Programs account for **7** percent. The Information Systems Branch accounts for the remaining **5** percent of the Board's overall expenditures.

Revenues and Reimbursements¹



Budget Distribution



Revenues and Reimbursements¹

Renewals ²	\$50,278,000
Application and Initial License Fees ²	\$7,218,000
Reimbursements	\$2,589,000
Other ³	\$1,454,000
Total	\$61,539,000

Budget Distribution

Enforcement Operations ⁴	\$30,749,000
Legal and Hearing Services ⁵	\$15,925,000
Licensing ⁴	\$8,577,000
Information Systems	\$3,579,000
Probation Monitoring ⁴	\$3,303,000
Administrative Services	\$2,351,000
Executive	\$1,928,000
Total	\$66,412,000

¹ Revenues and Reimbursements excludes repayment of the General Fund loan and corresponding interest.

² Physicians and Surgeons.

³ Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Interest on Fund, and Miscellaneous.

⁴ Excludes Attorney General Services, Office of Administrative Hearings, and Court Reporter Services.

⁵ Includes Attorney General Services, Office of Administrative Hearings, and Court Reporter Services.

LICENSING PROGRAM

The Board's Licensing Program protects consumers by setting requirements for licensure, including education, experience, and demonstrated competence, and issues licenses to individuals meeting those requirements. The Licensing Program also provides license verification services, issues fictitious name permits, and approves accreditation agencies for the accreditation of outpatient surgery settings. To ensure timely licensure of residents, the Licensing Program provides outreach activities throughout the state to assist with the application process.

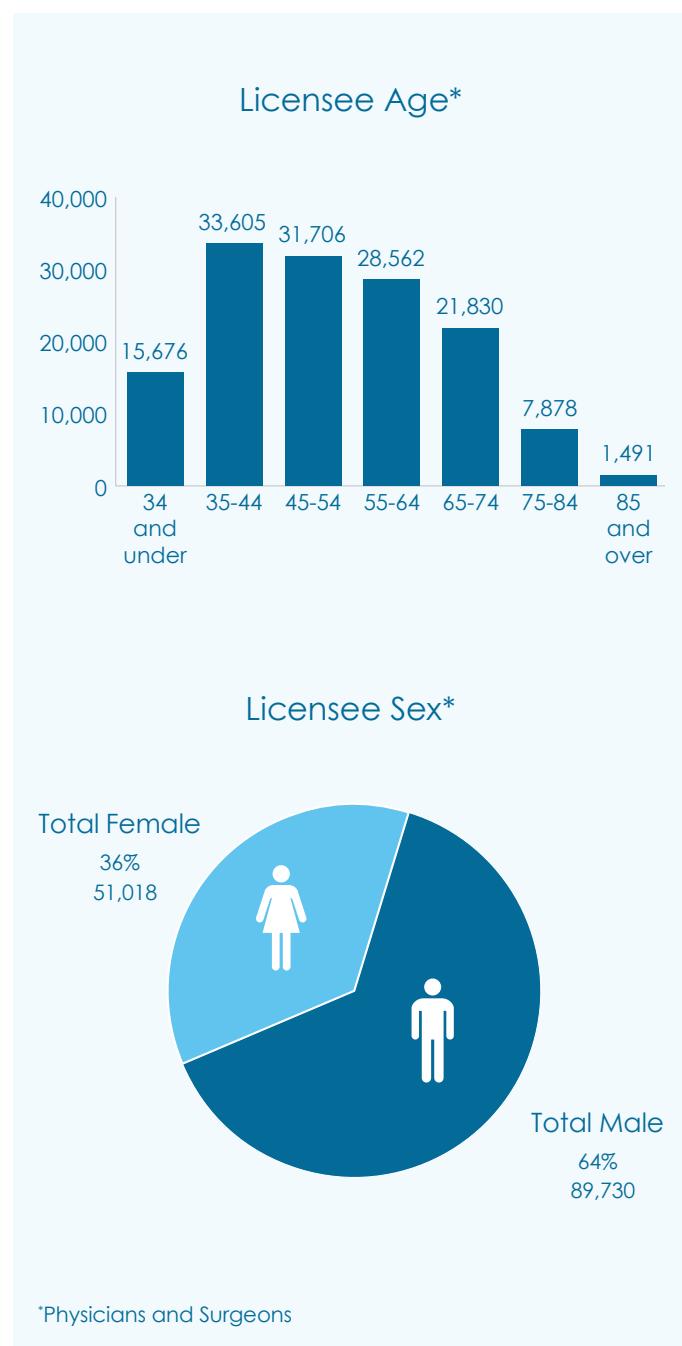
POSTGRADUATE TRAINING REQUIREMENT CHANGES

The Licensing Program is preparing for its most significant change in decades as a result of the Board's sunset bill, [SB 798 \(Hill, Chapter 77\)](#).

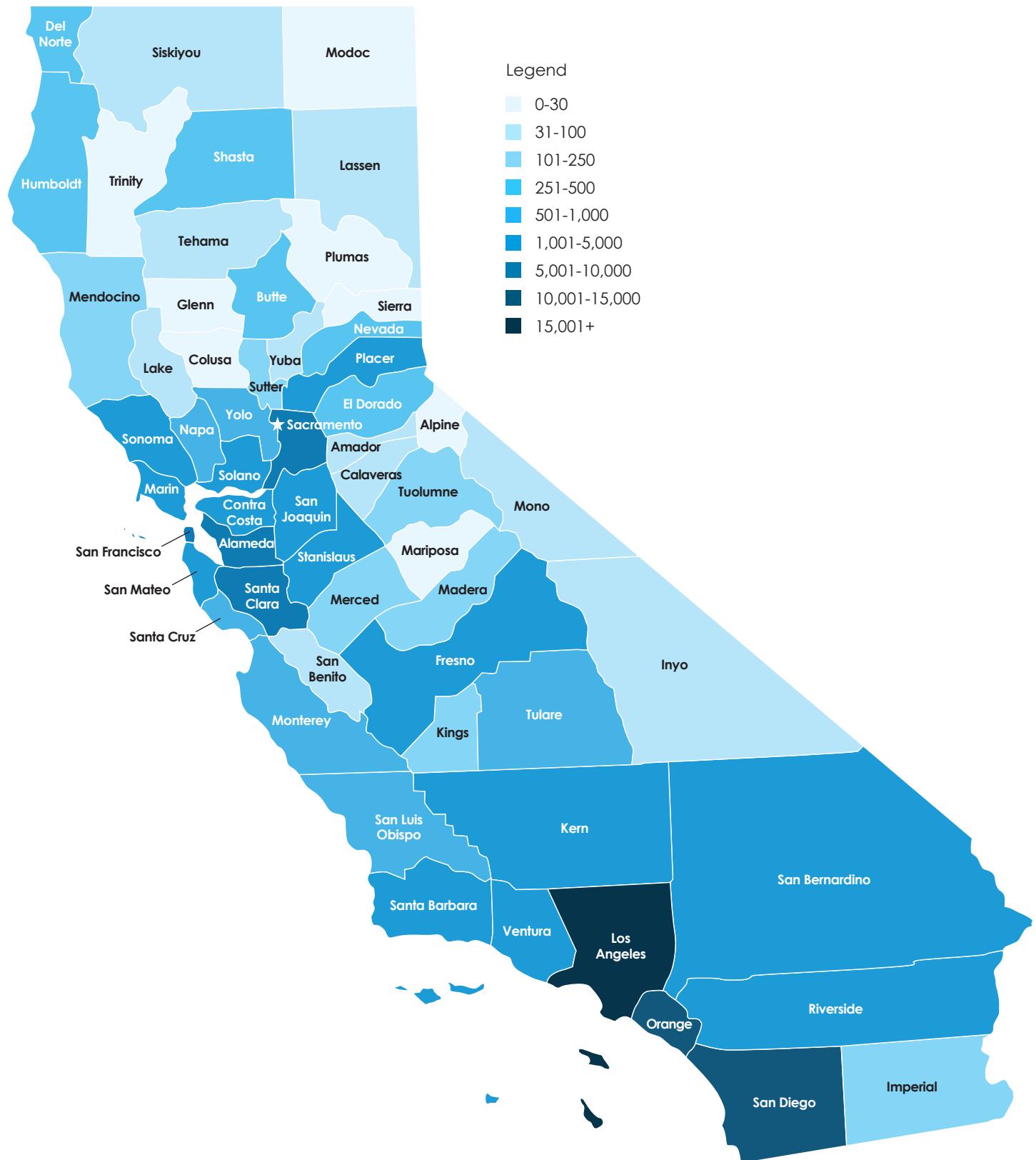
Effective January 1, 2020, physician applicants will be required to complete three years of Board-approved postgraduate training, regardless of where the applicant attended medical school. The new law also creates a postgraduate training license for residents that participate in an approved postgraduate training program in California. These changes will require significant internal coordination of Board staff working diligently on an implementation plan that will include revised applications, forms, policies, procedures, and updates to the BreEZe online system. Most importantly, the changes will require detailed communications and outreach to the Board's stakeholders, which have already been initiated.

LICENSING ACTIVITY

The Licensing Program is mandated to conduct an initial review of all physician's and surgeon's applications within 60 working days. The Licensing Program's strategic goal for reviewing physician's and surgeon's applications and Postgraduate Training Authorization Letter (PTAL) applications is 45 calendar days. Since November 2016, the Licensing Program has reviewed applications within **28** days of receipt.



Physicians and Surgeons by County

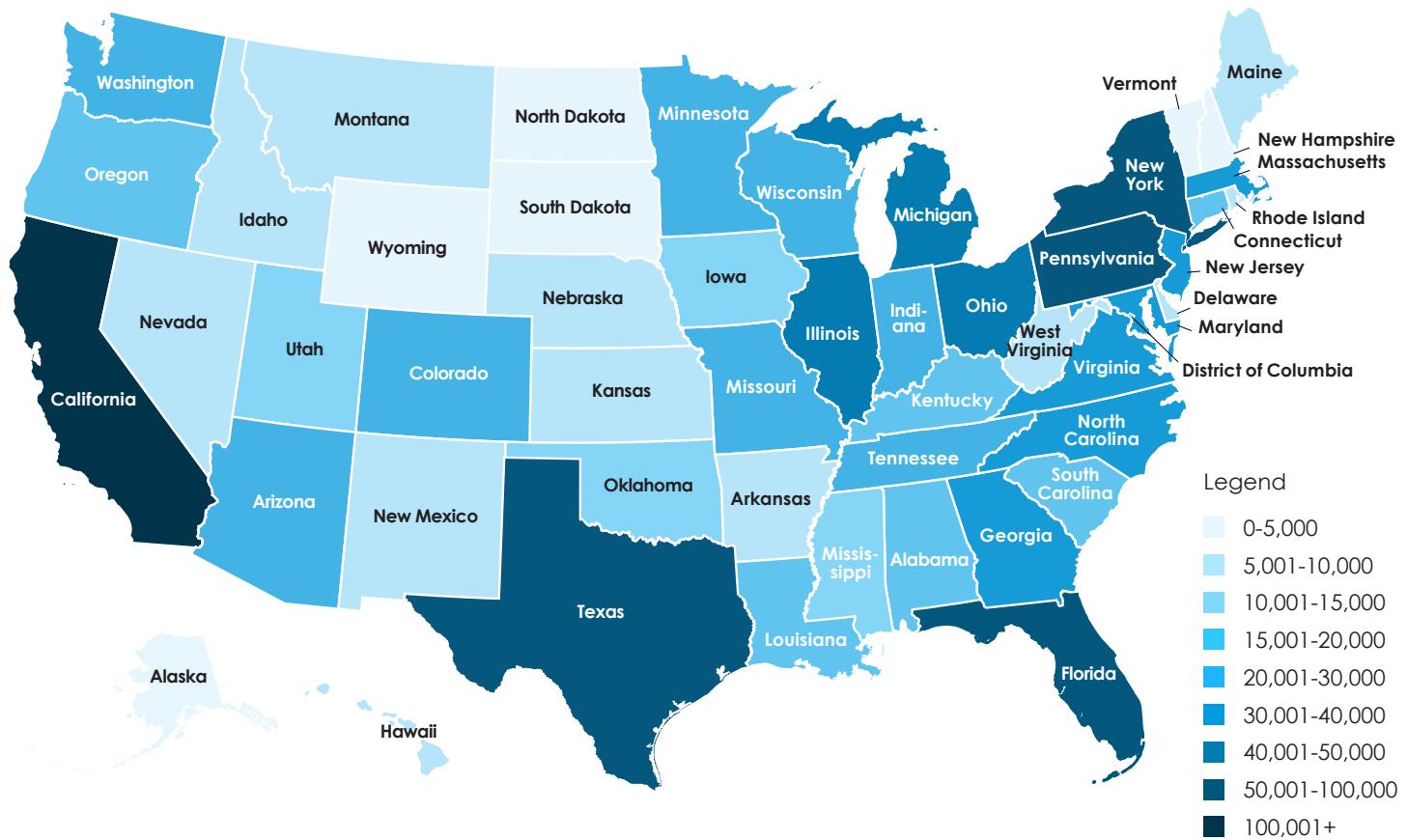


Physicians and Surgeons by County¹

County	County	County
Alameda	Modoc	11
Alpine	Mono	33
Amador	Monterey	965
Butte	Napa	522
Calaveras	Nevada	256
Colusa	Orange	10,452
Contra Costa	Placer	1,373
Del Norte	Plumas	28
El Dorado	Riverside	3,401
Fresno	Sacramento	5,193
Glenn	San Benito	46
Humboldt	San Bernardino	4,304
Imperial	San Diego	11,293
Inyo	San Francisco	6,928
Kern	San Joaquin	1,152
Kings	San Luis Obispo	826
Lake	San Mateo	3,296
Lassen	Santa Barbara	1,303
Los Angeles	Santa Clara	8,509
Madera	Santa Cruz	772
Marin	Shasta	416
Mariposa	Sierra	0
Mendocino	Siskiyou	76
Merced	Solano	1,023
Total In State		115,378
Total Out-of-State		25,370
Total		140,748

¹Data is for physicians with a renewed and current license excluding those in an inactive, retired, or disabled license status. The breakdown of those license statuses is: California - 2,266; Out-of-State - 4,480; Total - 6,746.

Physicians and Surgeons by State¹

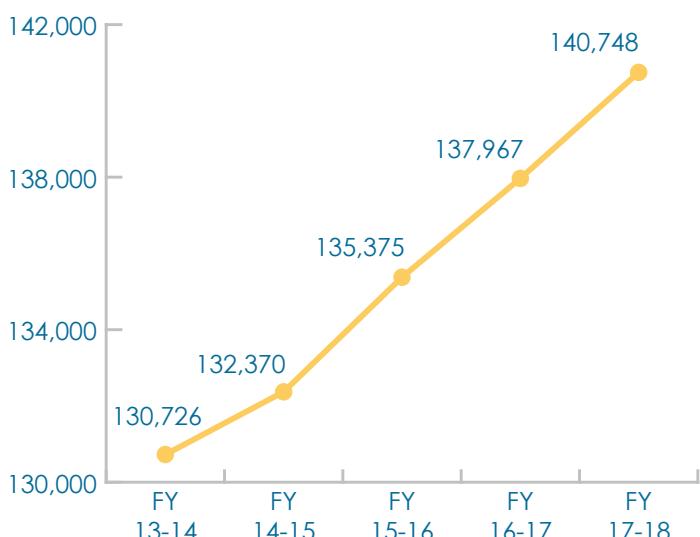


State	State	State
Alabama	Maryland	South Carolina
Alaska	Massachusetts	South Dakota
Arizona	Michigan	Tennessee
Arkansas	Minnesota	Texas
California	Mississippi	Utah
149,283	Missouri	Vermont
Colorado	Montana	Virginia
Connecticut	Nebraska	Washington
Delaware	Nevada	West Virginia
District of Columbia	New Hampshire	
Florida	New Jersey	
Georgia	New Mexico	
Hawaii	New York	
Idaho	North Carolina	
Illinois	North Dakota	
Indiana	Ohio	
Iowa	Oklahoma	
Kansas	Oregon	
Kentucky	Pennsylvania	
Louisiana	Rhode Island	
Maine		
		Total
		1,293,807

¹ State counts are based on allopathic and osteopathic physician data recorded by the Federation of State Medical Boards (FSMB) using state medical board license files from 2016 and reflect the number of physicians with an active license.

Source: 2016 FSMB Census of Licensed Physicians

Physician's and Surgeon's Licenses¹



¹ Excludes physicians with an inactive, retired, or disabled license status.

Licenses and Permits

	FY 16-17	FY 17-18
Physician Applications Received		
Physician Applications Received	7,978	8,031
Physician Licenses Issued		
FLEX/USMLE ¹	5,339	5,245
NBME ¹	324	330
Reciprocity with Other States (BPC §2135)	1,139	1,119
Total	6,802	6,694
Physician Licenses Renewed		
Renewal Licenses Issued - Fee	62,260	64,572
Renewal Licenses Issued - Fee Exempt ²	5,072	5,725
Total	67,332	70,297
Physician Licenses In Effect³		
California Address	113,100	115,378
Out-of-State Address	24,867	25,370
Total	137,967 ⁴	140,748 ⁵
Physician License Administrative Activity		
Licenses Issued with Public Letters of Reprimand	0	7
Probationary Licenses Issued	12	16
Licenses Denied (No Hearing Requested)	3	9 ⁶
Statements of Issues to Deny License Filed	3	22
Statements of Issues Granted (License Denied)	3	2
Statements of Issues Denied (License Granted)	1	1
Statements of Issues Withdrawn	0	3
Fictitious Name Permits		
Issued	1,242 ⁷	1,384 ⁸
Renewed	5,303	5,703
In Effect	12,131	12,504
Special Faculty Permits		
Issued	2	2
Renewed	14	7
In Effect	25	25

¹ FLEX: Federation Licensing Exam. USMLE: United States Medical Licensing Exam. NBME: National Board Medical Exam.

² Includes physicians with disabled, retired, military, or voluntary services license status.

³ Excludes physicians with an inactive, retired, or disabled license status.

⁴ Total physician licenses in effect including inactive, retired or disabled license status - 144,441.

⁵ Total physician licenses in effect including inactive, retired or disabled license status - 147,494.

⁶ Includes 2 PTAL denials.

⁷ Includes 21 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

⁸ Includes 34 Fictitious Name Permits issued on behalf of the Board of Podiatric Medicine.

Verification and Reporting

	FY 16-17	FY 17-18
License Status Verifications		
Telephone Verifications	2,432	1,715
Non-Verification Telephone Calls	56,306 ¹	54,145 ²
Authorized License Verification System (LVS) Internet Users	799	928
Web License Look-Up ³	1,166,382	1,181,554
Certification Letters and Letters of Good Standing Verifications	11,016	10,867
Reporting Activities		
Disciplinary Reports Mailed to Health Facilities Upon Written Request Pursuant to BPC §805.5	160	411
Adverse Actions Reported to the National Practitioner Data Bank (NPDB)	657 ⁴	640 ⁵
BPC §805 / §805.01 Reports of Health Facility Discipline Received	91 / 8	141 / 5

¹ Excludes the 14,955 listed under Consumer Inquiries on page 11.

² Excludes the 12,393 listed under Consumer Inquiries on page 11.

³ Statistics from the Board's [BreEze Online License Verification](#) web page.

⁴ Includes 651 MDs, 1 Licensed Midwife, and 5 Polysomnographic Technologists.

⁵ Includes 639 MDs and 1 Polysomnographic Technologist.

ENFORCEMENT PROGRAM

The Board's Enforcement Program investigates allegations to determine if a violation of the [Medical Practice Act](#) or other laws has occurred and takes action as appropriate. In addition, the Enforcement Program monitors licensees' compliance with the terms and conditions of a disciplinary order.

During fiscal year 2017-2018, the Enforcement Program received **10,888** complaints against physicians and surgeons and unlicensed individuals. This was an increase of **1,269** complaints from the prior fiscal year.

FIGHTING THE OPIOID EPIDEMIC

On average, 115 Americans die every day from an opioid overdose. To combat this epidemic the Board continued its work on the [death certificate project](#). Born out of vetoed legislation that would have required coroners in California to report deaths when the cause of death is the result of prescription drug use, the Board's death certificate project utilizes California death record data to identify physicians that may be inappropriately prescribing opioids to their patients. Based upon this information, the Board has been investigating physicians who may have violated the law. The Board understands that just because a patient death occurred it does not automatically mean the physician deviated from the standard of care or violated the [Medical Practice Act](#). However, in cases where the Board determines a violation occurred, the Board takes appropriate action.

CITATION AND FINE AUTHORITY

The Board is authorized to issue citations and fines for certain technical violations of laws and regulations. To further consumer protection, the Board adopted regulations that authorized it to issue citations with orders of abatement and fines to licensed midwives and polysomnographic technologists, technicians, and trainees, and added additional provisions from the Business and Professions Code, Health and Safety Code, and California Code of Regulations to the list of citable offenses. A complete list of citable offenses is available in the Board's [regulations](#). During this fiscal year, the Board issued a total of **150** citations.

Program Summary

	FY 16-17	FY 17-18
Complaints ¹		
Complaints Received	9,619	10,888
Complaints Closed by Complaint Unit	10,202 ²	9,421 ³
Investigations		
Cases Opened	1,465 ⁴	1,627 ⁵
Cases Closed	1,284	1,414
Cases Referred to the Attorney General (AG)	425	504
Cases Referred for Criminal Action	43	36
Probation Violation Reports Referred to the AG	58	40
Consumer Inquiries		
Consumer Telephone Inquiries	14,955	12,393
Consumer Jurisdictional Inquiries	8,225	6,816

¹ Some cases closed were opened in a prior fiscal year.

² Includes 8,558 complaints closed, 89 referred to Cite and Fine Program, and 1,555 referred to investigations.

³ Includes 7,539 complaints closed, 146 referred to Cite and Fine Program, and 1,736 referred to investigations.

⁴ Includes 331 complaints opened by CIO, and 1,134 opened by HQIU.

⁵ Includes 270 complaints opened by CIO, and 1,357 opened by HQIU.

DID YOU KNOW?

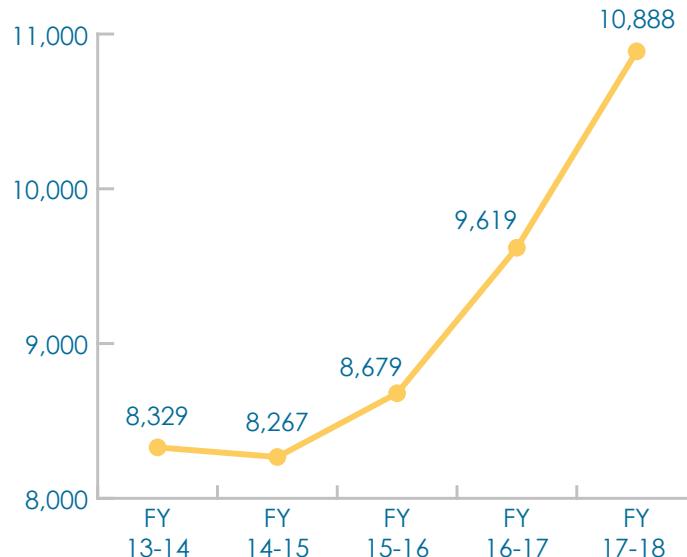
Data annotated as "Physician and Surgeon" includes the license types Physicians and Surgeons, Special Faculty Permits, and Special Programs-Individuals. [Learn more about license types on the Board's website](#).

CURES

The Board developed a [fact sheet](#) detailing the Controlled Substance Utilization Review and Evaluation System (CURES) new [mandatory use requirement](#), which became effective October 2, 2018. The Board has continued to assist physicians with registration and consultation of the CURES database as mandated by law. The CURES database is maintained by the Department of Justice (DOJ) and tracks all Schedule II, III, and IV controlled substances prescriptions dispensed in California. This database is used by State public health, regulatory oversight, and law enforcement agencies to reduce prescription drug abuse and diversion. As of October 2, 2018, all licensed healthcare providers who prescribe controlled substances Schedules II-IV are required to consult CURES within 24 hours before prescribing, ordering, administering, or furnishing a controlled substance for the first time to any patient, unless an exemption applies. Additionally, prescribers must consult CURES at least once every four months thereafter if the controlled

substance remains part of the patient's treatment. Other resources are available on the Board's website to assist physicians in understanding the CURES program.

Physician and Surgeon Complaints



Physician and Surgeon Complaints Received by Complaint Type and Source

	Public	Business and Professions Code ⁶	Licensee/Professional Group ⁷	Government Agency ⁸	Miscellaneous/Anonymous	Total Type Complaints Received
Fraud	85	3	12	13	43	156
Health and Safety ¹	225	7	24	427	112	795
Non-Jurisdictional ²	888	16	143	7	175	1,229
Gross Negligence/Incompetence ³	3,563	945	46	112	290	4,956
Personal Conduct ⁴	74	105	14	182	71	446
Unprofessional Conduct ⁵	1,628	27	114	829	287	2,885
Unlicensed/Unregistered	169	-	19	83	150	421
Total Source Complaints Received	6,632	1,103	372	1,653	1,128	10,888

¹ Includes excessive prescribing, sale of dangerous drugs, etc.

² Includes complaints not under the authority of the Board and are referred to other agencies such as the Department of Health Care Services, Department of Managed Health Care, etc.

³ Includes complaints related to the quality of care provided by licensees.

⁴ Includes licensee self-abuse of drugs/alcohol, conviction of a crime, etc.

⁵ Includes sexual misconduct with patients, failure to release medical records, violation of BPC §805 reporting, etc.

⁶ Includes complaints received pursuant to BPC §§800 and 2240(a), and includes complaints initiated based upon reports submitted to the Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

⁷ Includes the following complaint sources: other Licensee, Professional Society or Association.

⁸ Includes the following complaint sources: Internal, Law Enforcement Agency, other California State Agency, other State Agency, other boards within the Department of Consumer Affairs, and Federal or other Government Agency.

Malpractice Settlement Reports Received per BPC §801.01 by Specialty Practice

Specialty/Subspecialty	Reports ¹	Physicians ²
Allergy and Immunology	1	704
Anesthesiology	22	6,818
Cardiology	17	3,484
Critical Care	2	1,694
Dermatology	4	2,296
Emergency Medicine	38	4,796
Endocrinology	1	1,005
Gastroenterology	5	1,888
General/Family Practice	47	9,891
Gynecology	27	6,357
Hematology	4	1,224
Infectious Disease	2	1,016
Internal Medicine	48	24,378
Neonatal/Perinatal	7	728
Nephrology	3	1,335
Neurological Surgery	17	615
Neurology	8	2,390
Obstetrics	50	6,357
Ophthalmology	9	3,052
Orthopedic Surgery	36	3,326
Otolaryngology	9	1,757
Pain Medicine	5	686
Pathology	9	1,998
Pediatrics	11	10,940
Physical Medicine and Rehabilitation	2	1,245
Plastic Surgery	24	1,250
Psychiatry	4	8,594
Pulmonology	3	1,727
Radiology	44	6,808
Rheumatology	1	758
Sports Medicine	1	614
Surgery	38	4,366
Thoracic Surgery	9	611
Urology	14	1,520
Vascular Surgery	5	324

¹ The procedure was performed in the practice specialty/subspecialty; however, the physician may or may not have been certified in the specialty/subspecialty area.

² California physicians certified in specialty according to the 2016-2017 American Board of Medical Specialties Certification Statistics Report.

Reports Received per BPC §§805 and 805.01 and Report Outcomes

	805	805.01
Total Reports Received		
Total Reports Received	141	5
Peer Review Body Type		
Health Care Facility/Clinic	78	2
Surgical Center	3	0
Health Care Services Plan	37	1
Professional Society	0	0
Medical Group/Employer	23	2
Outcomes of Reports Received		
License Revoked	1	0
Pending Disposition	88	3
Cases Closed	52	2

Reports Received Based Upon Legal Requirements for Physicians and Surgeons

	FY 16-17	FY 17-18
Medical Malpractice		
Insurers ¹	533	455
Attorneys/Self-Reported/Employers ¹	107	84
Courts ²	0	0
Total	640	539
Other Required Reporting		
Coroners' Reports ³	12	5
Criminal Charges and Convictions ⁴	96	84
Health Facility Discipline Reports		
Medical Cause or Reason ⁵	91	141
Health Facility Reports ⁶	8	5
Outpatient Surgery Settings Reports		
Patient Death ⁷	13	15
Total	220	250

¹ Per BPC §801.01.

² Per BPC §803.

³ Per BPC §802.5.

⁴ Per BPC §§802.1 and 803.5.

⁵ Per BPC §805.

⁶ Per BPC §805.01.

⁷ Per BPC §2240(a).



Mandatory Reporting requirements and forms are easily accessible on the Board's website.

Administrative Actions

	FY 16-17	FY 17-18
Administrative Actions		
Accusation	314	378
Petition to Revoke Probation/Accusation and Petition to Revoke	55	37
Amended Accusation/Petition to Revoke	44	63
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30th	89	64
Cases Over 6 Months Old that Resulted in the Filing of Accusation	344	389
Administrative Outcomes		
License Revoked	42	43
License Surrendered (in Lieu of Accusation or with Accusation Pending)	101	87
License Placed on Probation with Suspension	6	5
License Placed on Probation	171	122
Probationary License Issued	12	16
Public Reprimand	87 ¹	133
Other Actions (e.g., Exam Required, Educational Course, etc.)	2	0
Accusation Withdrawn	4	9
Accusation Dismissed	16	7
Probation Violation Outcomes		
Probation Revoked	15	16
Probation Surrendered	10	11
Additional Suspension and Probation	1	0
Additional Probation	19	17
Public Reprimand	1 ¹	0
Other Actions (e.g., Exam Required, Educational Course, etc.)	1	0
Petition Withdrawn	0	1
Petition Dismissed	1	0
Referral and Compliance Actions		
Citation and Administrative Fines Issued	137	150

¹ One public reprimand was issued in FY 16-17 and not previously reported.



Check up on your doctor's license! [Public Documents](#) detailing actions taken by the Board are available on its website.

Petition Activity

	FY 16-17	FY 17-18
Petitions for Reinstatement of License		
Filed	18	16
Granted	4	5
Denied	10	5
Petitions for Penalty Relief¹		
Granted	21	16
Denied	2	5
Petitions to Compel Exam		
Filed	27	24
Granted	27	22
Denied	0	0

¹ Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

License Restrictions/Susensions and Temporary Restraining Orders

	FY 16-17	FY 17-18
Imposed while Administrative Action Pending		
Interim Suspension Order (ISO)	36	39 ¹
Temporary Restraining Order (TRO)	0	0 ¹
Other Suspension Orders	68	56 ²
Sought and Granted by Case Type		
Gross Negligence/Incompetence	5	7
Inappropriate Prescribing	7	7
Unlicensed Activity	2	2
Sexual Misconduct	6	9
Mental/Physical Illness	15	13
Self-Abuse of Drugs/Alcohol	26	28
Fraud	16	10
Criminal Charges/Conviction	6	3
Unprofessional Conduct	17	16
Total	100	95

¹ Pursuant to [BPC §2220.05\(c\)](#), ISOs and TROs were granted in the following priority categories: 1 - gross negligence/incompetence resulting in death or serious bodily injury; 1 - drug or alcohol abuse involving death or serious bodily injury; 2 - excessive prescribing; 0 - excessive recommending of medical cannabis; 4 - sexual misconduct with a patient; 1 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

² Includes 4 - Automatic Suspension Orders per [BPC §2236](#); 15 - license restrictions per [Penal Code §23](#); 3 - license restrictions pursuant to court order; 11 - out-of-state suspension orders per [BPC §2310](#); 0 - stipulated agreements to suspend or restrict the practice of medicine; and 23 - cease practice orders issued for violation of probation condition.

³ Some orders granted were sought in prior FY.

Administrative and Probation Violation Outcomes by Case Type¹

	Revocation	Surrender	Probation with Suspension	Probation	Probationary License Issued	Public Reprimand	Total Actions
Gross Negligence/Incompetence	7	24	1	53	2	69	156
Inappropriate Prescribing	4	6	1	23	-	6	40
Unlicensed Activity	-	-	-	4	-	2	6
Sexual Misconduct	7	8	-	6	-	-	21
Mental/Physical Illness	8	15	-	5	-	-	28
Self-Abuse of Drugs/Alcohol	9	17	1	26	3	3	59
Fraud	5	3	1	5	-	1	15
Conviction of a Crime	3	4	-	1	-	6	14
Unprofessional Conduct	16	21	1	16	11	46	111
Total Administrative Actions	59	98	5	139	16	133	450

¹ Pursuant to BPC §2220.05(c), disciplinary actions were taken in the following priority categories: 2 - gross negligence/incompetence resulting in death or serious bodily injury; 0 - practicing under the influence resulting in death or serious bodily injury; 26 - excessive prescribing; 0 - excessive recommending of medical cannabis; 16 - sexual misconduct with a patient; 2 - practicing under the influence of drugs/alcohol; and 0 - excessive prescribing to a minor.

Enforcement Program Caseload

FY 17-18

	Statewide	Per Investigator/Inspector
Health Quality Investigation Unit (Department of Consumer Affairs)¹		
Active Investigations	1,935	25 ²
AG Cases Assigned ³	417	5 ²
Probation Unit⁴		
Monitoring Cases ⁵	606	40

¹ Includes physicians and surgeons, licensed midwives, research psychoanalysts, outpatient surgery settings, and polysomnographic program.

² Average is determined by using the total number of authorized positions, including vacant positions.

³ Cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena services, interviewing new victims or witnesses, testifying at hearings, etc.

⁴ Includes physicians and surgeons.

⁵ 109 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2018.

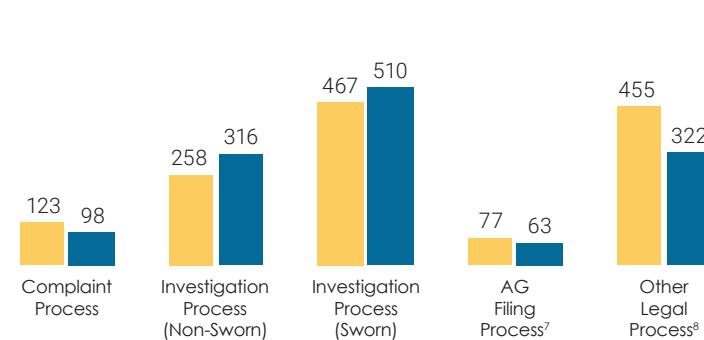
⁶ Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review.

⁷ Days from case transmittal to initial pleading filed.

⁸ Days from filing to final case disposition.

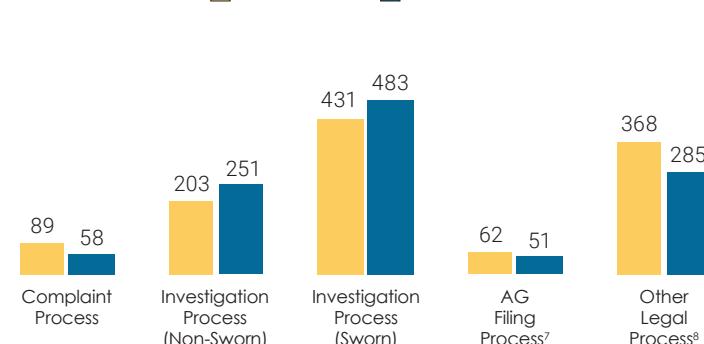
Average Enforcement Processing Time Frames⁶

■ FY 16-17 ■ FY 17-18



Median Enforcement Processing Time Frames⁶

■ FY 16-17 ■ FY 17-18



Substance-Abusing Licensees

	FY 16-17	FY 17-18	FY 16-17	FY 17-18
Probationers				
Probationers Whose Conduct was Related to a Substance-Abuse Problem	251	212		
Substances Involved ¹				
Alcohol	125	136		
Amphetamines	1	1		
Ativan	1	1		
Benzodiazepine	0	1		
Cocaine	5	5		
Demerol	2	1		
Fentanyl	3	2		
Hydrocodone	1	0		
Ketamine	0	1		
Inhalants ²	1	1		
Cannabis	3	2		
Methamphetamines	3	3		
Opiates	5	5		
Psilocybin	1	0		
Multiple Controlled Substances	103	91		
Probation Completion				
Probation Successfully Completed ³ (Y)	35	15		
Failed to Complete Probation (N)	33	16		
Substances Involved ¹	Y	N	Y	N
Alcohol	23	18	10	11
Cocaine	2	0	0	2
Demerol	1	0	0	0
Fentanyl	1	0	0	0
Methamphetamines	1	1	1	0
Opiates	0	1	1	0
Multiple Controlled Substances	9	14	5	10
Relapses				
Probationers who Relapsed	19	14		
Substances Involved ¹				
Alcohol	12	7		
Cocaine	0	1		
Demerol	1	0		
Fentanyl	1	0		
Cannabis	0	1		
Methamphetamines	0	2		
Opiates	1	2		
Tramadol	0	1		
Multiple Controlled Substances	4	0		
Cease Practice Orders				
Probationers Issued a Cease Practice Order	23	12		
Substances Involved/Reason for Order				
Alcohol		8	4	
Cannabis		0	1	
Methamphetamines		2	2	
Opiates		0	2	
Tramadol		2	1	
Failed to Enroll in a Clinical Competence Assessment Program		0	1	
Failed to Complete a Clinical Competence Assessment Program		1	0	
Failed to Appear for a Biological Fluid Test (BFT)		5	1	
Failed to Call In for a BFT		2	0	
Failed to Obtain a Worksite Monitor		2	0	
Solo Practice Violation		1	0	
Suspensions				
Probationers Issued a Suspension	0	1		
Substance Involved				
Cocaine		0	1	
Petitions to Revoke				
Petitions to Revoke	8	15		
Substances Involved/Reason for Action				
Alcohol		3	2	
Cocaine		0	1	
Methamphetamines		0	1	
Cannabis		0	1	
Multiple Controlled Substances		2	1	
Failed to Complete a Clinical Competence Assessment Program		1	1	
Failed to Appear for a BFT		1	1	
Failed to Call In for a BFT		1	0	
Multiple Probation Violations		0	3	
Non-Practice Over 2 Years		0	4	

¹ Some probationers had more than one substance involved.

² Containing Isobutyl Nitrites and/or Ethyl Chloride.

³ Those who successfully completed probation or a petition for termination of probation was granted.

Individual Probationers with Major Violations by Substance¹

	Alcohol		Amphetamines		Ativan		Demerol		Fentanyl		Inhalants ²		Cannabis		Opiates		Multiple Controlled Substances		Total Major Violations	
	FY 16-17	FY 17-18	FY 16-17	FY 17-18	FY 16-17	FY 17-18	FY 16-17	FY 17-18	FY 16-17	FY 17-18	FY 16-17	FY 17-18	FY 16-17	FY 17-18	FY 16-17	FY 17-18	FY 16-17	FY 17-18	FY 16-17	FY 17-18
Failed to Undergo a Required Clinical Diagnostic Evaluation	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	2	0
Committed Multiple Minor Violations of Probation Conditions and Terms	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	0
Treated a Patient(s) while Under the Influence of a Prohibited Substance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0
Engaged in Any Drug or Alcohol Related Act that is a Violation of State or Federal Law or Regulation	8	2	-	-	-	-	1	-	-	-	-	-	-	-	-	-	6	-	15	2
Failed to Undergo BFT when Ordered	27	5	1	-	1	-	-	-	1	-	1	-	1	-	1	-	13	7	46	12
Used, Consumed, Ingested, or Administered to Himself or Herself a Prohibited Substance	-	5	-	-	-	-	1	-	-	-	-	-	-	-	-	-	4	1	9	
Knowingly Used, Made, Altered, or Possessed any Object or Product in Such a Way as to Defraud or Attempt to Defraud a BFT Designed to Detect the Presence of a Prohibited Substance	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	
Failed to Comply with any Term or Condition of Probation that Impairs Public Safety	1	5	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	4	3	9
Total Instances of Substance Involvement	36	17	1	0	1	0	2	0	1	0	2	0	1	0	3	0	20	17	67	34

¹ Per 16 CCR §1361.52(a)(1-8).

² Containing Isobutyl Nitrites and/or Ethyl Chloride.

ALLIED HEALTH CARE PROFESSIONALS

Allied health care professionals under the Board's authority include licensed midwives, research psychoanalysts, and the polysomnographic program, consisting of polysomnographic trainees, technicians, and technologists.

	Issued	Current	FY 16-17	FY 17-18
Licenses and Registrations				
Licensed Midwives	36	418		
Research Psychoanalyst	5	86		
Polysomnographic Trainee	19	58		
Polysomnographic Technician	34	123		
Polysomnographic Technologist	63	663		
Accreditation Agencies for Outpatient Settings	0	5		
	FY 16-17	FY 17-18		
Complaints				
Complaints Received	37	39		
Complaints Closed by Complaint Unit	53	36		
Investigations				
Cases Opened	20	13		
Cases Closed	17	10		
Cases Referred to the Attorney General (AG)	1	3		
Cases Referred for Criminal Action	0	2		
Probation Violation Reports Referred to the AG	1	0		
Reports Received Based Upon Legal Requirements				
Midwife Hospital Transfer Forms ¹	208	164		
Outpatient Adverse Events Reports ²	118	165		
Referral and Compliance Actions				
Citation and Administrative Fines Issued	0	0		
License Restrictions/Suspensions Imposed while Administrative Action Pending				
Interim Suspension Order (ISO)	0	0		
Other Suspension Orders	1	0		
Administrative Actions				
Accusation			2	1
Petition to Revoke Probation			1	0
Amended Accusation/Petition to Revoke			0	0
Statement of Issues to Deny Application			1	0
Completed Investigations Referred to the AG and Awaiting the Filing of Accusation as of June 30th			0	2
Administrative Outcomes				
License Revoked			1	0
License Surrendered (in Lieu of Accusation or with Accusation Pending)			1	0
License Placed on Probation with Suspension			0	0
License Placed on Probation			1	0
Probationary License Issued			0	0
Public Reprimand			0	0
Other Actions (e.g., Exam Required, Educational Course, etc.)			0	0
Statements of Issues Denied (License Granted)			1	0
Statements of Issues Granted (License Denied)			0	0
Accusation/Statements of Issues Withdrawn			0	0
Accusation Dismissed			0	0
Probation Violation Outcomes				
Probation Revoked or License Surrendered			1	0
Additional Suspension or Probation			0	0
Petition Withdrawn or Dismissed			0	0
Petitions for Reinstatement of License				
Filed / Granted / Denied			0 / 0 / 0	0 / 0 / 0
Petitions for Penalty Relief³				
Granted / Denied			0 / 0	0 / 0
Petitions to Compel Exam				
Filed / Granted / Denied			0 / 0 / 0	0 / 0 / 0

¹ Per BPC §2510.

² Per BPC §2216.3.

³ Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

Licensed Midwife Annual Report Summary¹

Clients Served as Primary Caregiver at the Onset of Care	5,420	5,932
Clients Served with Collaborative Care Available Through or Given by a Licensed Physician and Surgeon	2,480	2,665
Clients Served Under the Supervision of a Licensed Physician and Surgeon	171	228
Planned Out-of-Hospital Births at the Onset of Labor	3,664	3,981
Planned Out-of-Hospital Births Completed in an Out-of-Hospital Setting:	3,018	3,297
Twin Births	1	0
Multiple Births (Other Than Twin Births)	6	0
Breech Births	11	12
VBAC (Vaginal Births After the Performance of a Cesarean Section)	159	152

Complications

Resulting in the Mortality of the Mother Prior to Transfer	0	0
Resulting in the Mortality of the Mother After Transfer	0	0
Resulting in the Mortality of the Infant Prior to Transfer	3	2
Resulting in the Mortality of the Infant After Transfer	5	5

Antepartum

Primary Care Transferred to Another Health Care Practitioner (Elective)	407	465
Urgent or Emergency Transport of Expectant Mother	117	111

Intrapartum

Elective Hospital Transfer	467	521
Urgent or Emergency Transfer of an Infant or Mother	78	70

Postpartum

Elective Hospital Transfer of Mother	63	69
Elective Hospital Transfer of Infant	39	31
Urgent or Emergency Transfer of Mother	34	41
Urgent or Emergency Transfer of Infant	48	56

¹ Conclusions should not be drawn from this summary as data does not specify whether the death is fetal, intrapartum or neonatal; whether the affected perinate had congenital anomalies incompatible with life; or whether the perinate was born in or out of a hospital. Births are attended by the licensed midwife as the primary caregiver.

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The Medical Board of California's Public Affairs office is available to discuss information and data contained in this report. Contact the office for assistance with questions, data requests, and other needs.

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